



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND
102 MCNAIR DRIVE
FORT MONROE, VIRGINIA 23651-1047

ATCS-E

02 MAR 2009

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: TRADOC Policy Letter 5, Reasonable Accommodation

1. References:

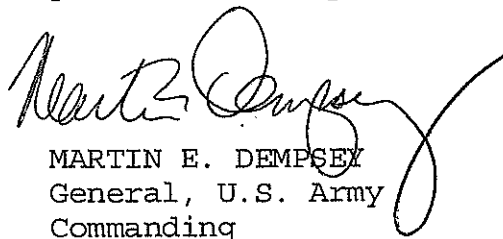
- a. The Rehabilitation Act of 1973, as amended.
- b. Equal Employment Opportunity Commission (EEOC), Management Directive 715, EEO, 1 Oct 03.
- c. The Americans with Disabilities Act (ADA) of 1990 and ADA Amendments Act of 2008.

2. TRADOC fully complies with the reasonable accommodation requirements of the Rehabilitation Act of 1973, as amended. Under the law, Federal agencies must provide reasonable accommodation to qualified employees or applicants with disabilities, unless to do so would cause undue hardship. I am committed to ensuring all TRADOC employees and applicants for employment have full access to equal employment opportunity. Requests for reasonable accommodations will be processed and provided, where appropriate, in a prompt, fair, and efficient manner.

3. The enclosure outlines procedures for processing requests for reasonable accommodation for individuals with disabilities. I expect TRADOC managers and supervisors to expeditiously process requests for reasonable accommodation made by employees and applicants for employment.

4. This policy is effective for 2 years from the published date.

Encl


MARTIN E. DEMPSEY
General, U.S. Army
Commanding

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(see next page)

ATCS-E

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U.S. Army Aeronautical Services Agency

Deputy Chiefs of General and Chiefs of Special Staff Offices,
HQ TRADOC

PROCESSING TRADOC REQUESTS FOR REASONABLE ACCOMMODATION

1. Initiating the Process.

a. It is the responsibility of the employee or applicant to inform the employer that an accommodation is required to perform the essential job functions or to complete the application process. The individual does not have to use specific words such as "reasonable accommodation, disability, or rehabilitation act" when making the request.

b. The request may be oral or in writing and may be from the individual or from a person acting on the individual's behalf such as a supervisor, a health professional, or a Family member.

c. Requests for accommodation include making existing facilities accessible, providing a reassignment, job restructuring, leave, a modified or part-time work schedule, modifying workplace policies, changing training materials or equipment, and providing qualified readers or interpreters.

d. A request for accommodation may be made at any time.

2. Coordinating the Request.

a. Most requests for accommodation will be handled by the first line supervisor. This process may include communicating with the requester for clarification; obtaining and exchanging information to the extent necessary regarding needs and alternatives; searching for solutions; consulting EEO, Civilian Personnel Advisory Center (CPAC), servicing agency attorney/labor counselor, and outside agencies; and evaluating possible accommodations.

b. If the supervisor does not have authority to approve the request, the request must be forwarded promptly to the appropriate EEO official (usually the Disability Program Manager (DPM)). The DPM will forward a copy of a significant request (an accommodation cost of more than \$5,000 or affecting the terms or working conditions of employment) to the servicing agency attorney/labor counselor and CPAC as part of the coordination process.

c. Requests for accommodation from applicants will be handled by the personnel management specialist responsible for the recruitment and/or selection action.

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d. Requests for adaptive equipment, including information technology and communications equipment or specially designed furniture and other assistive technology, will be coordinated with the Information Technology Directorate and the DoD Computer/Electronic Accommodation Program (<http://www.tricare.mil/cap>).

e. Requests for readers, sign language interpreters, or other staff assistants to enable employees to perform their job functions, where the accommodation cannot be provided by the activity's staff, will be coordinated with CPAC.

f. Requests for removal of architectural barriers, including reconfigured work spaces and requests for accessible parking, will be coordinated with the Directorate of Public Works.

3. Time Limits.

a. The organization will process requests for reasonable accommodation and provide accommodations, where appropriate, as soon as reasonably possible. However, the time necessary to process a request will depend on the nature of the accommodation requested and whether it is necessary to obtain supporting information and/or medical documentation.

b. Requests for reasonable accommodation that can be processed and approved by the immediate supervisor, where no medical documentation is required and where no extenuating circumstances apply, should be granted, modified, or denied within 30 business days from the date of the initial request. Extenuating circumstances can include, but are not limited to, obtaining medical documentation, coordinating with outside organizations or agencies, purchasing and installing equipment, and workplace renovations. Where extenuating circumstances are present, the time for processing a request for reasonable accommodation and providing the accommodation will be extended as reasonably necessary.

4. Medical Information.

a. When the disability and/or need for accommodation is not obvious, the employee or applicant seeking accommodation may be asked to provide appropriate medical information related to the functional impairment and/or limitations at issue and the requested accommodation. Medical information will only be requested to the extent reasonably necessary to establish that

the requesting individual has a disability that is covered under the Americans with Disabilities Act substantially limiting a major life activity and/or to identify functional limitations. Requested medical documentation will be kept separate from the employee's personnel records.

b. An Authorization for Disclosure of Medical or Dental Information (Department of Defense (DD) Form 2870) will be used to request the use and/or disclosure of an individual's protected health information in order to process the reasonable accommodation request. The applicant or employee should check "OTHER" in Block 7 (Reason for Request) on the form and specify "reasonable accommodation request" in the space provided. Block 8 will include information authorized to be released. Entire medical records may not be requested or furnished, as they may contain information unrelated to whether an applicant or employee can perform essential job functions.

c. Once on the medical documentation is provided, the decision maker may determine that a reasonable accommodation will be provided and elect to approve the request for reasonable accommodation.

5. Reassignment. Offering a job reassignment is only to be considered if there is no accommodation available to enable the individual to perform the essential functions of the current job, or if the only effective accommodation would cause undue hardship. If reassignment is being considered, the decision maker must consult with the servicing CPAC.

6. Denial/Delay of Requested Accommodation.

a. In determining whether a proposed accommodation poses an undue hardship, the overall resources and options available to the Army must be considered, not just the budget or resources of an individual segment, sub-component, or division within the Army.

b. Prior to denying a request for accommodation or a particular accommodation requested, the decision maker must consult with the EEO Officer, DPM, and the servicing agency attorney/labor counselor.

c. Denials should be immediately communicated to the individual who requested the accommodation. When it is determined that a request for reasonable accommodation will be denied, the individual requesting the accommodation must be notified in writing of the denial. It should be written in

plain language, clearly stating the specific reasons for the denial.

d. Denials must also inform the individual that he or she has the right to file an EEO complaint and inform him/her about the availability of the informal dispute resolution process.

e. If a reasonable accommodation cannot be provided immediately, the decision maker must inform the individual in writing of the delay and projected time frame for providing the accommodation.

7. Recordkeeping.

a. The supervisor/official who processed the accommodation request will submit a reasonable accommodation information report to the local DPM (EEO Office) and provide a copy of the report to TRADOC EEO. Information reports will include the type of accommodation requested, processing time for the request, and approval or denial status.

b. Local EEO offices have established a system of recordkeeping to track all requests for reasonable accommodation. TRADOC EEO will include information obtained from servicing EEO offices in the command's Federal Agency Annual EEO Program Status Report - Management Directive (MD) 715.

8. Documents and Forms. Copies of the DD Form 2870 and Reasonable Accommodation Information Report are available on the TRADOC Web site, and are attached to this document.

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO: (Name of Facility/TRICARE Health Plan)	
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS (Street, City, State and ZIP Code)
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> CONTINUED MEDICAL CARE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INSURANCE <input type="checkbox"/> RETIREMENT/SEPARATION <input type="checkbox"/> LEGAL	
8. INFORMATION TO BE RELEASED	
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION <input type="checkbox"/> DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
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SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:

REASONABLE ACCOMMODATION INFORMATION REPORT

To be completed by manager/official who processed the accommodation request. Submit to local Disabilities Program Manager (EEO Office). (Use additional sheets if necessary)

1. Request for accommodation: (Check one)
☐ Approved
☐ Denied (Attach copy of the written denial memo sent to individual.)
2. Date reasonable accommodation requested:
3. Who received the request:
4. Date reasonable accommodation request referred to decision maker (i.e., supervisor, Office Director)
5. Name and position of Decision Maker:
6. Date request approved or denied:
7. Date reasonable accommodation provided (if different from date approved):
8. If time frames outlined in the Reasonable Accommodation Procedures were not met, please explain why.
9. Job held or desired by individual requesting reasonable accommodation (include occupational series, grade level/or equivalent NSPS information and office):
10. Reasonable accommodation needed for: (check one)
☐ Application Process
☐ Performing Job Functions or Accessing the Work Environment
☐ Accessing a Benefit or Privilege of Employment (e.g., attending a training program)
11. Type(s) of accommodation requested (e.g., adaptive equipment, staff assistant, removal of architectural barrier).
12. Type(s) of reasonable accommodation provided (if different from what was requested)
13. From what organization was adaptive equipment obtained?
14. Was medical information required to process this request? If yes, explain why.
15. Sources of technical assistance, if any consulted in trying to identify possible reasonable accommodations (e.g., Job Accommodation Network, Computer/Electronic Accommodations Program, disability organization, Disability Program Manager).

Submitted by: Name _____ Phone _____
Organization _____ Email Address _____